



# Announced Variation to Registration Care Inspection Report 17 December 2018



## Woodlawn House

**Type of Service: Nursing Home (NH)**  
**Address: Quarry Lane, Dungannon, BT70 1HX**  
**Tel No: 028 8771 3565**  
**Inspector: Jane Laird and Sharon McKnight**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered nursing home which is registered to provide nursing care for up to 8 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Shane Devlin	<b>Registered Manager:</b> Louise Donnelly
<b>Person in charge at the time of inspection:</b> Louise Donnelly	<b>Date manager registered:</b> 04 May 2018
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 8

### 4.0 Inspection summary

An announced variation to registration inspection of Woodlawn House took place on 17 December 2018 09:50 to 11:30. An estates inspector accompanied the care inspectors; their inspection findings can be found in the premises management inspection report.

The inspection sought to assess the completion of works detailed in an application submitted to RQIA on 22 November 2017 for a variation to the registration of Woodlawn House. The variation submitted was to increase the number of registered places from eight to nine. This additional bed will be provided in a self-contained unit located to the rear of Woodlawn House.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005; The Nursing Homes Regulations (Northern Ireland) 2005; and the DHSSPS Care Standards for Nursing Homes 2015.

The variation to registration to Woodlawn House was granted from a care perspective following this inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1*	3*

\*The total number of areas for improvement include three which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Louise Donnelly, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent inspection dated 1 August 2018.**

The most recent inspection of the home was an unannounced care inspection undertaken on 1 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 August 2018.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the application to vary the registration of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report

During the inspection we reviewed the self-contained unit. We did not meet with patients or staff during this inspection.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 17 December 2018
- the statement of purpose
- the patient guide

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 1 August 2018.

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 01 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered manager shall ensure that personal products will not be stored in communal bathrooms.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35  <b>Stated:</b> Second time	The registered person shall ensure that systems and processes in place are sufficiently robust to assure the quality of care and other services. Action plans should be developed where shortfalls have been identified and arrangements are in place to ensure actions have been actioned to ensure quality improvements.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time	The registered person should ensure that the staff supervision and appraisal schedules should be up to date, showing completed dates.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

This inspection focused solely on the variation to registration application made by the registered provider to RQIA. The areas for improvement from the last care inspection were not reviewed as part of the inspection and are carried forward to the next care inspection.

### 6.3 Inspection findings

#### Environment

The self-contained unit, providing accommodation for one patient, is located in close proximity to the rear of Woodlawn House. The unit provides ensuite bedroom accommodation and an open planned lounge and kitchen/dining area. The unit has an enclosed courtyard/garden which is accessed from the lounge area. An office and staff facilities are also provided. All areas of the unit are wheelchair accessible.

The bedroom accommodation includes a bed, wardrobes and a variety of storage for patient's clothes and property, including lockable storage space. All of the furniture was appropriately secured. The ensuite bathroom provides a shower and toilet facility. Privacy blinds were provided on the windows. A vista panel to allow staff if necessary, to discreetly observe patients were fitted to the bedroom door. There was no control mechanism fitted to the inside of the door meaning the patient could not close the panel if/when they choose. This was identified as an area for improvement.

A range of seating was provided in the lounge area. A television, DVD player and range of activity equipment, including games, were provided. A cordless telephone is available for patients' use. A nurse call system is also available throughout the unit.

A kitchen area for preparing light meals and snacks and a sink and draining board were provided. A domestic style fridge, toaster, kettle and microwave were located in the staff area. The registered manager explained that, following completion of risk assessments, this equipment will be made available to patients if appropriate. Meals will be provided from the main kitchen in Woodlawn House and transported to the unit in insulated containers.

An enclosed courtyard area is available for patients and can be accessed independently through the lounge/dining area. A secure external gate is located to the side of the courtyard to provide a fire escape should a fire develop in the unit when the patient is in the enclosed courtyard.

An office for staff was provided with telephone facilities and secure storage for patients' records and medications. We discussed the provision of additional emergency equipment given that the unit is separate to the main home. The registered manager confirmed that emergency oxygen, a suction machine and medical equipment for monitoring temperature and blood pressure would be available in the unit prior to the admission of patients.

Following a review of the environment we concluded that the unit had been finished to a high standard, had been furnished appropriately and, from a care perspective, was ready for use by staff and patients.

## Staffing

Staffing arrangements were discussed with the registered manager who confirmed the planned staffing levels for the home's current occupancy of eight patients and the planned staffing levels for the home when the number of registered places is increased. We discussed planned skill mix for the self-contained unit and the registered manager explained that this would be determined on an individual basis following risk assessment of patient need.

We discussed communication between staff given that the unit is separate from the main home. The registered manager explained that currently all staff carry alarms. The alarm system in the unit is linked to the alarm system in the main home. The registered manager explained that they have carried out emergency drills, similar to fire drills, where staff have responded to emergency alarm calls in the unit. This was identified as an area of good practice and was commended by the inspectors.

## Statement of Purpose and Patient Guide

Prior to the inspection the statement of purpose and the service user guides were submitted to RQIA and a review of both documents found them to be satisfactory. Both documents are available in an easy-read version, to suit the category of care for which the home is registered.

## Areas of good practice

Areas of good practice were identified with the environment, staffing arrangements and the provision of easy read documents for patients.

## Areas for improvement

One area for improvement was identified to change the type of control mechanism fitted to the inside of the door to allow the patient to close the vista panel if/when they choose.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.4 Conclusion

The application to vary the registration of Woodlawn House was granted from a care perspective following this inspection.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Louise Donnelly, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered manager shall ensure that personal products will not be stored in communal bathrooms.  Ref section 6.2  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that systems and processes in place are sufficiently robust to assure the quality of care and other services. Action plans should be developed where shortfalls have been identified and arrangements are in place to ensure actions have been actioned to ensure quality improvements.  Ref section 6.2  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person should ensure that the staff supervision and appraisal schedules should be up to date, showing completed dates.  Ref section 6.2  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>

<b>Area for improvement 3</b>	The current control mechanism on the vista panel on the bedroom door should be changed to allow patients to close the panel if they choose.
<b>Ref:</b> Standard 6	
<b>Stated:</b> First time	Ref: Section 6.3
<b>To be completed by:</b> 14 January 2019	<p><b>Response by registered person detailing the actions taken:</b> Request submitted to estates dept to change mechanism to allow patients to close panel. Also followed up with telephone call on 22/01/19 and assured work to be completed week commencing 28<sup>th</sup> January.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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